



GIRL SCOUTS OF WESTERN NEW YORK, INC.
CERTIFICATE OF LIABILITY / INSURANCE REQUEST FORM

Troop Leader:	Phone #
Troop #:	Service Unit:

Please Issue Certificate To
Name:
Address:
Attention:

Certificate is for proof of insurance for:	<input type="checkbox"/> General Liability	<input type="checkbox"/> One Time Use	<input type="checkbox"/> Automobile
	<input type="checkbox"/> Regular Meeting	<input type="checkbox"/> Property	
Type of Activity:			

If applicable, address of property for which certificate is needed:
Inclusive Dates to be Covered:
Is Certificate Holder required to be named Additional Insured? <input type="checkbox"/> No <input type="checkbox"/> Yes
Other Additional Insured:
Certificate Holder must be named Additional Insured because of a: <input type="checkbox"/> Verbal Agreement <input type="checkbox"/> Written Agreement (attach copy)

Send Certificate to Certificate Holder at:	<input type="checkbox"/> Above Address	<input type="checkbox"/> Email:
	<input type="checkbox"/> Fax Number:	<input type="checkbox"/> Additional Address:

Leader's Signature:	Date:
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Submit this form to the Membership Manager at your local service center.